

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/713017

FILING DATE

APPLICANT(S)

| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | CLAIMS | | | | | | | |
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| | IND | DEP | IND | DEP | IND | DEP | | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL DEP. | 9 | | 9 | | | | | | | | | | |
| TOTAL CLAIMS | 12 | | 12 | | | | | | | | | | |
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| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |